

2003-003

**LOUISIANA BOARD OF ETHICS**  
**DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)**

STATE OF LOUISIANA

PARISH OF RICHLAND

I, Mozes Wilkins, residing at 152 DACEON ST., RAYVILLE, LA 71249  
 (Name) (Mailing Address, including City & Zip Code)

do declare that:

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1<sup>st</sup>, 2003  
 (Year)

2.

That I am a Chief Executive / Board Member / Commissioner (circle one) of the Richland Parish Hospital Service District / Public Trust Authority  
RICHARDSON MEDICAL CENTER  
 and have served in this capacity since 12-21-93  
 (Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: Alfreida Wilkins JohnsonRelation of Immediate Family Member: SisterPosition: Home Health ClerkDate employed (month, day, year): 10-04-89

Applicable Exception (check all that apply):

☒ Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority

☐ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics

☐ Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed or registered nurse.

[Signature]  
 Signature, Chief Executive, Hospital Board Member or Commissioner

**NOTE:** These disclosure statements are due by January 30<sup>th</sup> of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.

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